



DEPARTMENT OF THE ARMY  
HEADQUARTERS, US ARMY ARMOR CENTER AND FORT KNOX  
239 BINTER STREET  
FORT KNOX, KENTUCKY 40121-5202

Expires 20 December 2008

REPLY TO  
ATTENTION OF:

IMSE-KNX-MWA

20 December 2006

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters  
Commanders, Fort Knox Partners in Excellence  
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: Fort Knox Policy Memo No. 51-06 – Family Advocacy Program (FAP)

1. References.

a. Memorandum, DA, 26 April 2006, subject: Restricted Reporting Policy for Incidents of Domestic Abuse.

b. AR 608-18, The Army Family Advocacy Program (FAP), 30 May 2006.

2. Definitions. Definitions relevant to child abuse, neglect, and spouse abuse may be found in AR 608-18, Section II, Terms, pages 108-115, and reference b.

3. Assigned Responsibilities. The following agencies/personnel have specific responsibilities as outlined in AR 608-18 and DA Memorandum, subject: Restricted Reporting Policy for Incidents of Domestic Abuse: Family Advocacy Committee (FAC); Family Advocacy Case Review Committee (CRC); Chief, Social Work Services (SWS)/Chairperson, CRC; Family Advocacy Program Manager (FAPM); FAP spouse and child victim advocates; Provost Marshal Office (PMO); US Army Criminal Investigation Division (CID) Command; Staff Judge Advocate (SJA); installation chaplain; medical health care providers (HCPs), including FAP clinical staff at Ireland Army Community Hospital (IACH); community health nurse; Child and Youth Services (CYS) coordinator; Army Substance Abuse Program (ASAP); unit commanders; Public Affairs Officer (PAO); Chief, Dental Services; and Chief, Department of Behavioral Health (DBH).

4. Procedures.

a. Reporting of Abuse/Neglect Incidents.

(1) All cases of suspected abuse and neglect, except for restricted reports of domestic violence, shall be immediately reported to the military police (MP) desk, the installation report point of contact (RPOC) at 624-2111. Additionally, the RPOC will notify the Chief, SWS, of every report received. The Chairperson, CRC, shall also be supplied with military law enforcement blotter and incident reports involving any suspected spouse or child abuse cases. In

cases of suspected on-post child maltreatment, the RPOC will ensure the Army Community Service (ACS) FAP Child Victim Advocate (CVA) is invited to participate in the investigation in coordination with law enforcement and the FAP social worker.

(2) When doctors, nurses, social workers, or others involved with providing treatment in the FAP receive a report of spouse or child abuse, the person receiving the report will make an immediate report to the RPOC. If a victim of domestic violence discloses the incident to one of the above specified individuals and requests restricted reporting of the incident, the victim advocate or FAP social worker should be contacted directly in lieu of the RPOC.

(3) Because of the special responsibilities required of them, the following agencies/personnel will have specific standing operating procedures (SOPs) outlining procedures to be followed: IACH medical staff, MP desk, CYS, and SWS.

(4) To encourage the reporting of all incidents of family violence, FAP and law enforcement personnel may assure confidentiality to persons making reports IAW AR 608-18, paragraph 3-5.

(5) Commanders and leaders should coordinate with the CVA for assistance in arranging for the safety and well being of children involved in abusive, neglectful, or potentially abusive or neglectful situations. In addition, the CVA can be notified by the military police investigator (MPI) and CID and will respond to reports of child abuse and neglect. The CVA will: explain the procedures for a child abuse investigation and the CRC process to the child if he/she is age appropriate; assist CID with arranging a joint interview of the child with the FAP social worker, if not already involved; and may escort the child to IACH. The Provost Marshal will transport the child(ren) to the military treatment facility (MTF) upon request by the Chairperson, CRC. In "Out of Home" abuse cases, the CVA will assist CID with the investigation, explain the CRC process to family members, and refer families to the appropriate agencies.

(6) Per AR 608-18, paragraph 3-2c, commanders and directors will ensure Soldiers receive annual troop education by ACS FAP personnel on reporting child and spouse abuse, the family dynamics of spouse and child abuse, the availability of prevention and treatment services, and the Army's policies regarding family violence. Contact the Education Coordinator, FAP, at 624-6291/8391 to schedule training.

(7) The FAP "Commander's Desk Guide" is a tool for commanders, directors, and first sergeants when working with Soldiers and families. The guide is an overview of the FAP and provides specific suggestions for meeting your responsibilities in preventing family violence. The Education Coordinator, FAP, is the point of contact (POC) for this guide.

b. Service Provision under Restricted Reporting.

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(1) Restricted reporting is the option of reporting an incident of domestic abuse to specified individuals without initiating the investigative process or notification to the victim's commander. Restricted reporting is limited to adult victims of domestic violence who are eligible to receive military medical treatment and not currently a legal spouse, as defined by the Commonwealth of Kentucky. Restricted reporting allows victims to elect a restricted report only when domestic abuse disclosures are made to a Victim Advocate (VA), the FAPM, or military HCP. If the victim discloses the domestic incident in the presence of anyone other than the specified individuals (VA, FAPM, or military HCP), restricted reporting can no longer be assured.

(2) The victim must sign and date a Victim Reporting Preference Statement (VRPS); elect a reporting option; indicate that he/she had an opportunity to talk with a VA, FAPM, or other HCP; be advised of the benefits and limitations of restricted and unrestricted reporting; and understands the exceptions to restricted reporting and the Department of Defense (DOD) preference and reasons for unrestricted reporting.

(3) The VA is the POC for requesting a Restricted Reporting Case Number (RRCN) for the restricted report. The HCP must have the RRCN when providing a forensic exam or routine medical exam, to include collection of evidence. This number is attached to forensic evidence.

(4) The MPs will secure evidence and store it for 1 year, unless the victim changes his/her report to unrestricted. The MPs will notify the FAPM regarding status of the evidence in storage at least 1 month prior to its destruction date.

(5) To convert a restricted report to an unrestricted report, the victim must change the VRPS indicating the change. The victim must indicate in writing what restricted information may be disclosed and to whom the information can be forwarded.

(6) If as a result of a victim's disclosure, a VA or HCP has reasonable belief that child abuse has also occurred, a report to the installation RPOC and the CVA will be made. However, disclosure will be limited only to information related to the child abuse.

(7) Office of the SJA will provide consultation to the FAPM/VA on the application of restricted reporting policy, specifically the implementation of exceptions.

c. AR 608-18 requires the following personnel to report incidents of known or suspected cases of child abuse and unrestricted incidents of domestic violence:

(1) Installation law enforcement personnel, physicians, nurses, social workers, school personnel, CYS personnel, psychologists, and other medical personnel will immediately report information about known and suspected cases of child and spouse abuse to the RPOC as soon as the information is received. The VA, FAPM, or military HCP may not disclose an incident of

domestic abuse if requested by a victim choosing restricted reporting of the event unless an exception cleared by the FAPM, in consultation with the SJA, exists.

(2) Commanders should report allegations of abuse involving their Soldiers to the RPOC.

## 5. Investigations.

a. Notifications. Upon receiving a report, the RPOC will ensure expeditious notification to the following agencies/personnel: SWS/on-call FAP social worker; CVA and Commander, IACH (in child cases); and Garrison Commander. Additionally, when there is a report of child abuse occurring in DOD-operated or -sanctioned activities, the MPI/CID special agent investigating the incident will contact the CYS coordinator and the FAPM immediately. The MP desk will coordinate with civilian enforcement agencies in completing investigations of off-post reports of spouse or child abuse.

(1) Notification of Unit Commanders. The RPOC will ensure the appropriate unit commander is notified as soon as possible on any report of spouse or child abuse. The unit commander will participate in the decision concerning the safety plan for his/her Soldier and family members. Soldiers suspected of abuse can be temporarily placed in the barracks with approval of the unit commander.

(2) Mandatory Notification of MPs and the US Army CID. The MP desk will notify CID of every report of child abuse involving a possible criminal offense as soon as the report is received. CID is the primary investigating agency for any allegation of on-post child abuse.

### b. Protection of Abuse Victims.

(1) Any action taken pursuant to this paragraph must be in strict accordance with Memorandum, DA, subject: Restricted Reporting Policy for Incidents of Domestic Violence, and AR 608-18, Chapter 3, Sections IV and V.

(2) All agencies/personnel investigating incidents of suspected child or spouse abuse will immediately assess the imminent danger for the alleged victim and other family members and take action to ensure their safety.

(3) Interviews between law enforcement and the alleged victim and between law enforcement and the alleged offender will be done separately.

(4) Commanders and leaders should coordinate with SWS and the CVA for assistance in assessing and arranging for the safety and well being of children involved in abusive, neglectful,

or potentially abusive or neglectful situations. The CVA serves as the primary POC for emergency placement care (EPC), a voluntary or court-mandated service providing 24-hour care and support. The EPC is intended to provide short-term care for families in a crisis until the situation causing placement is resolved or until long-term care or placement can be arranged.

(5) The Spouse Victim Advocate (SVA) provides comprehensive assistance and liaison for victims of spouse abuse and their families, including crisis intervention, assistance in securing medical treatment for injuries, access to temporary shelter, information on legal rights and resources available through both military and civilian programs, education, transportation, pre- and post-trial support, transition assistance counseling, and follow-up. They independently facilitate non-clinical/non-therapeutic victim support groups, make referrals to other agencies, provide follow-up to identified victims (including those who have declined services) within 3 months of initial contact to ensure no further intervention is necessary, and coordinate with SWS and commanders to assist in the development of assistance/intervention plans, to include providing safety for the victims and their family members.

(6) When transitional compensation for abused dependents may be authorized for a spouse and/or child(ren) because of the actions of a Soldier, the FAPM will refer the spouse to the Victim Witness Liaison, SJA, for evaluation. The Victim Witness Liaison, SJA, may refer a client to the FAPM for other assistance the family may need during the transition period.

6. Additional FAP Components:

a. FAP CRC.

(1) The CRC is a multidisciplinary team appointed on orders by the installation commander and supervised by the MTF commander. The CRC's purpose is to coordinate medical, legal, law enforcement, and social work assessment, identification, command interventions, and investigation and treatment functions from the initial report of spouse or child abuse to case closure.

(2) The team is composed of personnel from SWS, PMO, SJA, ASAP, CID, Staff Chaplain's office, ACS FAP, and the US Army Medical Department Activity (physician).

(3) All reported cases of suspected child and spouse abuse will be presented to the CRC for determination and treatment recommendation per DA/MEDCOM written policies and procedures. A treatment plan outlined by the CRC will be provided to the unit command and executed with his or her approval through various clinical, educational, and support services. The CRC will monitor progress on a regular basis.

b. Family Advocacy Committee (FAC). The FAC is appointed, chaired, and operated under supervision of the Garrison Commander. The FAC meets quarterly and provides

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recommendations for FAP policy, programs, and procedures and facilitates an integrated community approach as outlined in AR 608-18.

c. Fatality Review Committee (FRC). The FRC is appointed, chaired, and operated under supervision of the Garrison Commander. The FRC meets as needed, or at least once a year, to review all known and suspected domestic violence or child abuse-related homicides and suicides. The team provides a comprehensive assessment and review in order to complete an annual report, signed by the Garrison Commander, and submitted to the Southeast Region Installation Management Command.

d. Confidentiality and Release of Information. All information attained during investigation, assessment, and treatment of family advocacy cases will be maintained in confidence according to pertinent military regulations and Federal and Commonwealth law. Agencies participating in the investigation, assessment, and treatment of child and spouse cases will share information as outlined in these policies, to include release of information to any military or civilian agency or professional possessing a "need-to-know". The designated authority within the IACH must approve all requests for release of information or review of records. The designated authority within CID must approve all requests for information or review of CID records.

e. Army Central Registry (ACR) Guidance. The Chairperson, CRC, is responsible for submitting the names of FAP personnel who are given access to the ACR. The FAP clerk will be given access to complete background checks on all families reported for child and spouse abuse and to complete DD Form 2486, Child/Spouse Abuse Reports, on all suspected and substantiated cases of abuse.

f. Background Checks. The FAP personnel are required to have an installation records check (IRC) and CID checks. The IRC, at a minimum, should include checks conducted by the PMO, ASAP, local civilian police, and the IACH, including the ACR and mental health records. Employees should receive re-verification every 5 years.

FOR THE COMMANDER:



MARK D. NEEDHAM  
COL, AR  
Garrison Commander

DISTRIBUTION:

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